

School Name

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157 800-803-9202 - (512) 463-6599 - FAX (512) 463-1512 www.tdlr.texas.gov education@tdlr.texas.gov

Texas Cosmetology School Esthetician/Manicure Curriculum Approval (1200 Hour) PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

License #

School's Mailing Address					
Number, Street and Apt. No	-OR-	PO Box Number			
City	State		Zip Code		
Contact Person		email Address (johnd	loe@aol.com for exa	mple)	
()		()			
Curriculum Content & Course Length (1602.453) Esthetician/Manicure Curricula 83.120 (b) (A-Q) 1200 Hours					
Place a check in the box below to confirm compliance with the curriculum content requirements of 1602.453.					
I confirm our school will develop our daily lesson plans in accordance with 83.120 including all 1200 hours of sections (A-Q).					
Provide below the number of weeks, hours and total hours which should total 1200 hours for full and/or part time students.					
Full time Students: The Operator term will be totaling hours.	number of	weeks for	number of hou	rs each week	
Part time Students: The Operator term will be _ totaling hours.	number of	weeks for	number of ho	urs each week	
Required Equipment: ESTH facial chair, lighted magnifying glass, woods lamp, dry sanitizer, steamer machine, brush machine for cleaning, vacuum machine, high frequency for disinfection, product penetration, stimulation, galvanic machine for eliminating encrustations, product penetration, paraffin bath and wax, facial bed, mannequin head and wet sanitizer.					
MAN autoclave, dry-heat sterilizer or ultra-violet sanitizer, complete manicure table with light, client chair, student stool or chair, whirlpool foot spa or foot basin, electric nail file, UV light curing system, paraffin bath and paraffin wax and air brush system.					
STATEMENT OF APPLICANT(S)					
By signing this application I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1602 and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.					
Printed Name of Owner, Officer, or Authorized Representative	Signature of Owner,	, Officer, or Authorized Repr	resentative	Date Signed	
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CERTIFICATION STATEMENT OF REQUIRED DOCUMENTATION

School Name	License #			
By checking the following boxes and by my signature, I certify that the required documentation will be maintained and made available to the Department and the required information will be provided to all prospective students. I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602 and 1603; Tex. Admin. Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of the license I am requesting or the approval requested and the imposition of administrative penalties.				
• This requirement applies only to credit hour schools—Place a √ in box if you are a credit hour school:				
At the end of the course or module, student's accrued credit hours will be reported. Module completion forms will be maintained for each student. (in accordance with 83.72 (l) (3) and (n).				
Place a √ in each box:				
Course Outline (in accordance with §1602.452 this is your course syllabus)				
Tuition & Fee Schedule (in accordance with §1602.452; public secondary schools are exempt)				
School's Tuition Refund Policy (in accordance with §1602.452-457-458; public secondary or postsecondary schools are exempt)				
Attendance Policy and Grading Policy (in accordance with §1602.451 and §1602.452)				
Withdrawal or Termination Policy (in accordance with §1602.459)				
Make-up Hour Policy (in accordance with §1602.452)				
Daily Lesson Plans (in accordance with §1602.453)				
SIGNATURE(S) OF CERTIFICATION STATEMENT				
Printed Name of Owner, Officer, or Authorized Representative Signature of Owner, Officer, or Authorized Representative Date Signed				
Printed Name of Owner, Officer, or Authorized Representative Signature of Owner, Officer, or Authorized Representative Date Signed				